## P01000034645

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(City/State/Zip/Filone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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08 JUL -3 AM II: 44
SECRETARY OF STATE
TALLAHASSEF, FI ORID!

DJJ. Resign

**6. Southatte** JUL 0 7 2008

## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: LOW COST PAINTING INC (Name of Corporation)
DOCUMENT NUMBER: PO1000034645
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Michael Malagon (Name of Person)  LON COST Painting Inc. (Name of Firm/Company)
10369 SW 25th Street (Address)
Migod, F1 33165 (City/State and Zip Code)
For further information concerning this matter, please call:    Jamilia Svarc7   at (786) 333 1777     (Name of Person)   (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

i, Mich	ael Malag	(O), herel	by resign as	A-S	
of	LOW CO			(Title)	
		-			,
PO/OC (Document No	0034645 umber, if known)	_, a corporation o	organized under th	e laws of the Sta	ate of
				Ā	n
		(	$\bigwedge$	LAH	08 JUL -3
	(S	ignature of resignin	g officer/director)	ASSE	3
_				OF S E. FL(	E in
•				DR A	

## FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314